

MDR TRACKING NUMBER: M5-05-0127-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 10, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits; manual therapy, neuromuscular re-education, therapeutic procedures, therapeutic exercises, and required reports **were found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the office visits, manual therapy, neuromuscular re-education, therapeutic procedures, therapeutic exercises, and required reports rendered from 9/11/03 through 9/30/03.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 9/11/03 through 9/30/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of November 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

November 4, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-05-0127-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear

____ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in chiropractic and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- Request for reconsideration 10/11/04
- Letter of medical necessity 11/12/03
- Disputed impairment rating 03/10/04
- Office notes 07/15/03 – 10/01/03

- Physical therapy notes 09/09/03 – 1-/2/03
- Range of motion testing 07/22/03 – 09/10/03
- Radiology report 06/16/03

Information provided by Respondent:

- Report of medical evaluation 12/09/03

Information provided by pain management specialist:

- Office visit 07/28/03

Information provided by orthopedic surgeon:

- Consultation 09/05/03

Clinical History:

The records indicate the patient suffered a crushing-type injury to her left foot and ankle in a work-related accident on _____. She was transported to a hospital emergency room where she was evaluated and x-rayed, and then released. She was referred to another doctor for evaluation, who performed a left ankle injection and requested an MRI.

She continued to experience left foot and ankle problems and thereby sought care at another doctor's office, and she was evaluated on July 15, 2003. An aggressive passive treatment program with progression to active therapeutic rehab was begun. On 7/29/03, she was seen for a designated doctor evaluation, and it was determined the patient had not yet reached maximum medical improvement. She was also referred to a pain specialist who recommended additional medication as well as continuing active physical therapy; this appointment was on 7/28/03. She was also seen on September 5, 2003 by an orthopedic specialist who recorded a current step back of her condition and recommended that she would be best treated by resuming the use of the cast boot to be worn at all times except to be removed while at physical therapy. He also recommended non-steroidal anti-inflammatory medications.

Disputed Services:

Office visits, manual therapy, neuromuscular re-education, therapeutic procedures, therapeutic activities, and required reports during the period of 09/11/03 thru 09/30/03

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

Under normal circumstances, this type of treatment 6 months after the date of injury would not be clinically justified. However, this is an exceptional case in the fact that the patient's original treatment plan was not sufficient to allow appropriate recovery from injury. Therefore, she sought care in another doctor's office on July 15, 2003. An aggressive treatment program was begun at that time. Based upon exam findings, MRI findings, pain management specialist's findings, and orthopedic specialist's findings, continued care and therapy was needed. In conclusion, there is sufficient medical documentation on each date of denied service to clinically justify all services that this patient received.

Sincerely,